Substitute form 1449/PTO							Complete if Known					
INFORMATION DISCLOSURE STATEMENT BY APPLICANT							Application Number		UNKNOWN			
							Filing Date		UNKNOWN		879	
							First Named Inventor		SCOTT LEONA DAVIES, ET A		IARD S	
							Group Art Unit		UNKNOWN			
							Examiner Name		UNKNOWN			
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.